

MEMORANDUM

May 4, 2010

TO: Health and Human Services Committee

FROM: Linda McMillan, Senior Legislative Analyst 

SUBJECT: **FY11 Operating Budget: Department of Health and Human Services
Follow-up Issues**

This session will provide the Committee with an opportunity to finalize its recommendations on several issues and will provide Council staff with an opportunity to confirm the HHS Committee's recommendations to date.

This memo will first walk through the specific issues in the service area and then at the end return to the cross-service area issue of the contracts that have been reduced by 7% and the option of reducing these contracts by 3.5%.

1. Administration and Support (include Office of Community Affairs and Minority Health Initiatives)

A. Patient Navigator and Medical Interpretation Services

At the April 12th worksession, the HHS Committee reviewed the services currently provided through the Asian American Health Initiative, Latino Health Initiative, and the Primary Care Coalition (Montgomery Cares) to assist residents in connecting with medical services and interpretation between patients and health care providers. The Executive's budget recommends consolidating these services into a single contract which is expected to reduce duplication and administrative costs.

- The recommended reduction to AAHI is \$104,410. This leaves in place \$195,110.
- The recommended reduction to LHI is \$119,410. This leaves in place \$187,710.
- The recommended budget for Montgomery Cares includes \$45,000 for these purposes.
- There is a total from these three sources of \$427,820 for a consolidated contract.

Councilmember Navarro shared her concern that people using the current systems have a level of trust in these systems and might stop asking for help through information and referral if it becomes one faceless system. The Committee agreed they had concern about the timing and implementation of the transition and asked that two options show on the reconciliation list; (1) restoration of the entire reduction (\$223,820), and (2) restoration of ½ the reduction (about \$112,000).

In a follow-up meeting with Councilmember Leventhal and Councilmember and Council staff, the DHHS Director provided the Department's proposal on a transition that would move forward if the Executive's reduced funding for FY11 is approved by the Council (© 1-4). The information on © 3 lists advantages and limitations to the proposal. The proposal assumes that the current LHI vendor will continue to provide medical interpretation services. The vendor and county have not yet agreed to this change. The administration of AAHI services would be brought in house as the current vendor has indicated they cannot provide services at the reduced funding. Both vendors have expressed a willingness to work on a transition if some additional funding is available in FY11.

1. **Does the Committee agree with the policy proposed by DHHS to consolidate these functions under a single vendor?** If so, Council staff recommends that any money appropriated for these purposes be budget in the administration of the Office of Community Affairs and not in either the AAHI or LHI. *(The Committee has also touched on the issue of information and referral in worksession on Children, Youth, and Families Services and Public Health.)*
2. **Does the Committee want to recommend to the Council that \$112,000 be restored to the Department in order to provide for more transition time?**
3. **Does the Committee want to recommend to the Council that \$223,820 be restored to the Department which continue current service for FY11 and allow the change to take place in FY12?**

B. Korean Association of Maryland Metro Area

At the April 12th session, Director Ahluwalia informed the Committee that the Department will allocate \$25,000 in FY11 to restore funding to this organization for social services only (not for ESOL or vocational training). The Committee does not need to take any action on this adjustment but the organization and funding will be included on the non-competitive designation list that is a part of the operating budget resolution.

C. Reduction of 7% to Caribbean Help Center

Council staff understood that the Committee accepted the 7% reductions to General Fund contracts in the Office of Community Affairs with the exception that Councilmember Navarro wanted to be recorded in opposition to any funding reduction to the Caribbean Help Center Contract, which is recommended to be reduced by \$1,520. Council and Executive staff notes

differ on the Committee's action and Council staff is seeking clarification. *(The Committee will return to this contract at the end of the session when it discusses the option of only reducing General Fund contracts by 3.5%)*

2. Public Health Services

A. Maternity Partnership

At the April 12th session the Committee agreed to a \$106,760 reduction to the Maternity Partnership Program based on serving 2,000 women in FY11. Council staff made the recommendation because data through February indicated that an average of 160 women per month were being enrolled (or 1,920 per year). The Committee asked to return to see data for March.

The Department has shared that March enrollment was 210 pregnant women. The revised FY10 projection for Maternity Partnership is now 2,106 through June 30, based on enrollment through March (1,476) plus usual surge increase for April, May and June (630). The Executive's proposed budget assumes 2,136 women will be enrolled in FY11. Given the revised estimate, Council staff recommends the Committee not take the previously proposed reduction.

B. Montgomery Cares

At its April 12th session, the Committee reviewed the proposed budget for Montgomery Cares. The County Executive is recommending \$9.48 million in funding, which is a reduction of \$1.018 million from the FY10 overall funding of \$10.498 million. The major issues discussed by the Committee were:

1. How many primary care visits should be funded (Executive is recommending 62,100)?
2. What should the reimbursement be (Executive is proposing \$55 rather than current \$62)?
3. Can funding be found for eligibility workers to re-direct Medicaid eligible clients and free-up capacity in Montgomery Cares?

Council staff noted that while the Montgomery Cares Advisory Board and the Executive are making recommendations about the number of Montgomery Cares patients, it is the number of primary care visits that is the critical budget issue. Council staff recommended 70,000 visits be funded in FY12 based on data as of March 1st. Council staff also noted that while the Executive is proposing not funding any clinic expansion in FY11, there have been expansions in FY10 that will be annualized in FY11. The Committee asked that a range of options be shown on the reconciliation list but that the Committee return to this issue to finalize a recommendation.

On April 28th, the Montgomery Cares Advisory Board was provided with data through March 2010.

	Actual Visits Through March 2010	Straight Projection (3 quarters = 75% of total)	Projection based on 3 year avg (3 quarters = 72% of total)	Executive's FY11 Recommended
Primary Care Clinics	49,109	65,479	68,207	59,400
Homeless Medical Clinics	1,839	2,452	2,554	2,700
Total	50,948	67,931	70,761	62,100

FY10 reimbursement for primary care clinic visit = \$62

FY11 reimbursement for primary care clinic visit = \$55

FY10 and FY11 reimbursement for homeless clinic primary care visit = \$115

The Executive's recommendation contains adequate funds to meet the expected need for homeless clinic primary visits; therefore the Committee should focus on primary care clinic visits.

Primary Care Clinic Visits – Executive's Recommendation includes \$3,417,660 for primary care visits (*\$3,267,000 for 59,400 visits and \$150,660 not yet allocated. Council staff is assuming all \$3,417,660 will be allocated to primary care visits.*)

	\$55 (11%)	\$58 (7%)	\$60 (3%)	\$62 (0%)
59,400	\$3,267,000	\$3,445,200	\$3,564,000	\$3,682,800
Additional Funds Required	(\$150,660)	\$27,540	\$146,340	\$265,140

68,000 visits would be the same as the projected number of visits in FY10.

	\$55 (11%)	\$58 (7%)	\$60 (3%)	\$62 (0%)
68,000 visits	\$3,740,000	\$3,944,000	\$4,080,000	\$4,216,000
Additional Funds Required	\$322,340	\$526,340	\$662,340	\$798,340

70,000 visits would provide for some growth in visits in FY11.

	\$55 (11%)	\$58 (7%)	\$60 (3%)	\$62 (0%)
70,000 visits	\$3,850,000	\$4,060,000	\$4,200,000	\$4,340,000
Additional Funds Required	\$432,340	\$642,340	\$782,340	\$922,340

Council staff believes it is critical that the FY11 budget provide for a sufficient number of primary care visits because it is unlikely that there will be any funding available for a mid-year correction. Council staff believes this should be the priority even if it means redirecting resources from other categories. Council staff also believes that a reduction to \$55 dollars per visit is too large a reduction for some of the clinics to absorb. As was discussed during a review of the report by John Snow, Inc., the clinics have different capacities to cover costs through other resources. Council staff also recognizes that the Council cannot add \$922,340 through the reconciliation list to fund 70,000 visits at \$62 per visits.

Council staff is providing four options for increasing the support to primary care visits. In each case, Council staff is reallocating \$165,000 from specialty care as suggested by the Montgomery Cares Advisory Board because their highest priority is primary care. In addition, staff is recommending a reallocation from funding for medications. Council staff recognizes that this will require a change in policy for the community pharmacy which may include directing patients to use low cost programs in private pharmacies. Council staff recognizes that in the past the Committee has not wanted to change current policy; however, it should be noted that the policy is not being applied consistently and some clinics are asking patients to use a private pharmacy for medications.

Council staff recommendation – Option #1

- Fund 70,000 visits at \$62 per visit
- Reallocate \$165,000 from Specialty Care per the suggestion of the MCAB
- Reduce PCC Administration by \$10,000 (total reduction of 7%)
- Reduce funds for medications by 15% (\$1.9 million in FY11 budget for medications)

To “Support for Primary Care Visits”	\$ 922,340
From “Specialty Services”	- 165,000
From “PCC Administration”	- 10,000
From <u>“Community Pharmacy/Medbank”</u>	<u>- 285,000</u>
Additional Funding	\$ 462,340

Council staff recommendation – Option #2

- Fund 70,000 visits at \$60 per visit
- Reallocate \$165,000 from Specialty Care per the suggestion of the MCAB
- Reduce PCC Administration by \$10,000 (total reduction of 7%)
- Reduce funds for medications by 15% (\$1.9 million in FY11 budget for medications)

To “Support for Primary Care Visits”	\$ 782,340
From “Specialty Services”	- 165,000
From “PCC Administration”	- 10,000
From <u>“Community Pharmacy/Medbank”</u>	<u>- 285,000</u>
Additional Funding	\$ 322,340

Council staff recommendation – Option #3

- Fund 68,000 visits at \$60 per visit
- Reallocate \$165,000 from Specialty Care per the suggestion of the MCAB
- Reduce PCC Administration by \$10,000 (total reduction of 7%)
- Reduce funds for medications by 15% (\$1.9 million in FY11 budget for medications)

To “Support for Primary Care Visits”	\$ 662,340
From “Specialty Services”	- 165,000
From “PCC Administration”	- 10,000
From <u>“Community Pharmacy/Medbank”</u>	<u>- 285,000</u>
Additional Funding	\$ 202,340

Council staff recommendation – Option #4

- Fund 68,000 visits at \$60 per visit
- Reduce allocation for Specialty Care by 10%.
- Reduce PCC Administration by \$10,000 (total reduction of 7%)
- Reduce funds for medications by the amount needed to offset remainder needed to fund primary care visits.

To “Support for Primary Care Visits”	\$ 662,340
From “Specialty Services”	- 207,470
From “PCC Administration”	- 10,000
<u>From “Community Pharmacy/Medbank”</u>	<u>- 444,870</u>
Additional Funding	\$ 0

Montgomery Cares – Other Recommended Reductions

Council staff recommends the Committee approve the following reductions that are included in the Executive’s FY11 recommendation:

- A \$45,000 reduction to specialty care from the FY10 original budget (the \$165,000 is in addition to this amount),
- Shifting \$205,000 previously budgeted in Montgomery Cares to fund eligibility services to Community Health Services – this is not a reduction to services,
- Administrative reductions that include cuts to: PCC admin (\$30,000); HHS Admin (\$7,000); Clinic IT support for CHL Care (\$30,000); and evaluations (\$87,500),
- Behavioral health services will be reduced by \$20,000 and funding for behavioral health emergency medication will be reduced by \$6,000, (In the April 12th packet, Council staff said that this reduction would not impact current capacity, however, it may result in the elimination of one evening clinic at Proyecto Salud.).
- Clinic cultural competency support will be reduced by \$30,000, and
- Funds will not be provided to the clinics for over the counter medications (\$60,000).

Montgomery Cares - Behavioral Health Program

The Committee requested additional information on the number of patients served through the behavioral health program, the number of encounters with these patients and the number of referrals to outside services. The tables on the next page provide this information.

While Council staff is not recommending any change to the Executive’s recommended budget for this program, given the other reductions to county mental health providers, the Committee may want to return and discuss how these services are being delivered and whether there may be a more cost-effective model that could increase the number of people served within the same dollars.

Unduplicated Patients	FY08	FY09	FY10 YTD (7-1-09 to 3-31-10)
Holy Cross -- Silver Spring	208	273	288
Holy Cross -- Gaithersburg (opened Spring 2009)			35
Mercy Clinic	119	262	229
Proyecto Salud	199	288	289
Total	526	823	841

Encounters (Visits)	FY08	FY09	FY10 YTD (7-1-09 to 3-31-10)
Holy Cross -- Silver Spring	1,030	859	664
Holy Cross -- Gaithersburg (opened Spring 2009)			60
Mercy Clinic	279	948	699
Proyecto Salud	557	912	860
Total	1,866	2,719	2,283

Referrals for Follow-up	FY08	FY09	FY10 YTD (7-1-09 to 3-31-10)
Holy Cross -- Silver Spring	169	234	250
Holy Cross -- Gaithersburg (opened Spring 2009)			125
Mercy Clinic	79	185	129
Proyecto Salud	151	198	176
Total	399	617	680

C. Eligibility Screening

The Committee discussed whether one way to increase capacity in Montgomery Cares for the uninsured is to make sure that those who are eligible for Medicaid are identified and enrolled in the Medicaid program. Eligibility screeners are being centralized in Service Eligibility Unit in Community Health Services and would also be able to screen for other programs, such as Food Stamps. The Department would like funding for six positions but noted that they would work in teams of three. The cost for each position is \$61,100 of which \$30,550 would be reimbursed by Federal Financial Participation (FFP).

Council staff suggests the Committee place 3 eligibility workers on the reconciliation list. Total cost would be \$183,300 and the reconciliation list would also show increased revenues of \$91,650 to offset ½ the cost.

D. KAMMSA Clinic

At the April 12th session, the Committee discussed the Executive's recommendation to cut \$30,000 that has previously been awarded to the Korean Community Service Center of Greater Washington to partner with Mobile Med to provide the KAMMSA Clinic. The Committee was told that the Korean Community Service Center not only helped with referrals and medical interpretation but also with scheduling and recruiting doctors and volunteers. The Committee agreed to place the \$30,000 on the reconciliation list but also voiced their concern about this one clinic receiving funds in addition to the per visit primary reimbursement through Montgomery Cares. The Committee noted that it would probably be very difficult to restore this amount of funding. There are other specialty clinics that do not receive separate monies from the county. In addition, separate grants to Proyecto Salud and Mobile Med have been eliminated from the FY11 budget.

Council staff believes that all the Montgomery Cares clinics should receive their reimbursement through the per visit payment but understands that it may be appropriate to provide some funding to the Korean Community Service Center in FY11 to allow for a transition and since the Korean Community Service Center has traditionally used the county funds to leverage private donations. **Council staff recommends the Committee place \$15,000 on the reconciliation list, rather than the full \$30,000.** It is more likely that \$15,000 can be restored and it would provide some funding to use in private fundraising. However, in FY12, this clinic should be modeled after other clinics and only receive funds through Montgomery Cares.

E. Nursing Home and Assisted Living Inspections and Ombudsman Program

The Committee asked whether there is any duplication of services between the Health Care and Group Residential Facilities program that inspects and licenses facilities (in Public Health) and the Ombudsman program (in Aging and Disabilities). For FY11, \$1.35 million is recommended in Public Health and \$633,000 is recommended for the Ombudsman program.

The Department has provided a memo with information on each program (© 5-10). The bottom line of the information is that, while there is a county license requirement, it is not in addition to State inspection requirements and therefore there is no additional work being done by the employees in Public Health in terms of inspections. The Ombudsman program does not have any enforcement authority and therefore is not duplicative of the investigative authority in Public Health.

Council staff has two observations: (1) Chapter 25 of the County Code that has the local requirements for nursing homes and other facilities appears to be terribly out of date and some provisions have been superseded by the State, and (2) the Department makes very strong statements about any budget reduction in either of these categories and that it "would place residents at substantial risk of abuse and neglect leading to pain, morbidity, and mortality..." Given that the State has already reduced the grant for the Ombudsman program and it has been absorbed, Council staff suggests that it be clarified that reductions to date have not done so and that if the State makes further reductions, they will also have to be absorbed in a manner that is consistent with State rules and protects people's well-being.

F. Public Health Emergency Preparedness

The Committee requested information on how the funding for Public Health Emergency Preparedness is split between the General Fund and the Grant Fund. The Department has provided the following information:

General Fund - \$ 667,660

Grant Fund - \$ 1,379,340

Approximately one third of the cost of this program is county funded. As a part of last year's budget information, it was noted that there are responsibilities mandated as a part of the CDC Emergency Preparedness Grant, the Cities Readiness Initiative grant, and the National Association of City and County Health Officials grant. Last year, the Department provided the following information about what county General Fund monies are used for.

Much of what this program implements in the "mandatory" list spills over to many staff who are not funded under the grants, other programs and other service areas/departments. Also, the regional planning both at the State level and at COG are not grant funded, but require our participation. Listed below are activities that are not mandated under grants, but are still essential activities for Public Health emergency planning and response.

- Regional Planning Efforts through COG
- Participation in State, Regional, and Federal work groups on Public Health Emergency Preparedness
- Advanced epidemiological surveillance in conjunction with Johns Hopkins University Applied Physical Lab and partners
- Special Needs population activities
- Significant administrative grant management activities
- Significant fiscal requirements and audit response capabilities (grants are frequently audited)
- Response to county emergency events such as water main breaks
- Management of Public Health Information Line when emergency events require activation
- County-wide exercise participation
- Emergency Preparedness integration into other county departments, service areas and divisions
- Community Outreach activities on public health emergency preparedness
- Training of county staff on public health emergency preparedness
- Pandemic flu emergency preparedness and plan development and implementation

The County provides **no** operating funds for the program. CDC base grant and CRI grant do not provide adequate funding to meet requirements so county positions partially help with meeting the requirements.

3. Aging and Disabilities

A. Respite Care

At its April 15th session, the Committee agreed to place \$70,000 on the reconciliation list for respite care and asked the Department to provide feedback on whether additional dollars, if they are available, should specifically be allocated to a respite home or whether they could be added to the larger pool of respite dollars. The Department has provided information on respite care providers, the fee schedule, and pros and cons of respite house services at © 11-14.

DHHS has had further discussions with the ARC and reached a consensus decision that any additional funding the Council may appropriate for respite care for the contract DHHS has with the ARC can be put into the general respite care services fund (i.e., not into a respite care home). DHHS will not have a separate contract with the ARC for a respite home. However, requests for respite care in an ARC home will be accommodated in their Twinbrook Group Home using the general respite funds provided.

4. Behavioral Health and Crisis Services

The April 26th worksession the Committee requested information on what would have to be placed on the reconciliation list to reduce contracts by 3.5% rather than 7%. Councilmember Trachtenberg also requested the Committee schedule time in the fall to revisit the issues of services available in the mental health system (public and private) for adults who were molested as children and publicly funded psychiatric services for children and adolescents.

The Committee made the following recommendations:

- \$66,530 on the reconciliation list to limit the county supplement to residential treatment providers to 7%.
- \$218,790 on the reconciliation list for the Community Vision program (this would fund the program at 7% less than the amount provided in FY10.)

The Committee asked the Department to think about whether any amount of non-competitive funding should be approved for Volunteer of America to keep services in place until a new RFP for homeless outreach services can be issued and a contract awarded.

The Committee asked the Department to discuss with the Mental Health Association whether any amount less than \$37,510 would allow the emergency preparedness team of volunteer mental health providers.

5. Contracts Reduced by 7%

The Committee requested information on what the cost impact would be from reducing those General Fund contracts that were reduced by 7% by 3.5% instead. The following table

summarizes that \$744,119 would have to be restored through the reconciliation list to make such a change. The individual contracts are listed by service area at © 15-24.

Summary of Cost of General Fund Contracts that were reduced by 7% (does not include contracts reduced by a different amount as a specific budget decision or DD Supplement or County supplement for residential providers)			
	FY10 General Fund Contract	7% Reduction	3.5% Reduction
Administration and Office of Community Affairs	\$ 1,087,347	\$ 76,660	\$ 38,330
Aging and Disabilities	\$ 5,086,383	\$ 577,467	\$ 288,734
Behavioral Health and Crisis Services	\$ 4,440,925	\$ 310,750	\$ 155,375
Children, Youth, and Families	\$ 2,577,864	\$ 180,340	\$ 90,170
Public Health	\$ 726,144	\$ 47,740	\$ 23,870
Special Needs Housing (NOT HIF)	\$ 4,290,239	\$ 295,280	\$ 147,640
TOTAL	\$ 18,208,902	\$ 1,488,237	\$ 744,119

Council staff notes the other areas where the Committee might also want to consider such a change:

DD Supplement (not ISS/FSS)	FY 10 Revised Base	\$8,172,180
	7% Reduction	572,050
	3.5% Reduction	286,030

Residential Treatment Provider Supplement	FY10 Base	\$1,012,530
	7% Reduction*	70,880
	3.5% Reduction	35,440

*CE Recommended 14% reduction. Committee has placed \$66,530 on reconciliation list to reach 7%. Another \$35,440 would need to be added to reach 3.5%.

Community Vision	FY10 Base	\$ 527,010
	7% Reduction*	36,890
	3.5% Reduction	18,450

* Committee has placed \$218,790 on the reconciliation list to reach a 7% reduction. Another \$18,450 would be needed to reach 3.5%.

Proposed Transition Plan for Health Information and Navigation (I & N) and Medical Interpretation

FY11 (Based on current reductions w/no restoration)

Updated 4/21/10

Changes due to Budget Reductions:

- LHI contract with CASA will eliminate the Information Line and maintain only the Medical Interpretation
- AAHI's PNP program will be restructured and brought in-house for administration and operation.
- MCares Line will remain in FY11 and will take on current Spanish speaking callers, as well as those referred through CASA while the current predominantly English-speaking caller base will be transferred to MC311.
- MC311 with its Tier 2 HHS specialists have the language and knowledge capability to handle info/referral to MCares clinics.

1. Transition Plan for the HHS Multilingual Information and Navigation Line:

County resident calls to inquire about accessing health/human services. Alternately, current PNP and MCares #s will be routed to the main information line with language options (*see flowchart for details*)

- AAHI/PNP Information and Navigation Line will be brought in-house under AAHI, located at 1335 Piccard Dr.
- Asian language callers directed to appropriate Asian-language information specialists (approx. 8-10 = 2 FTE)
- The PCC MCares line staff person will incorporate MC 311 into their voice mail to ask English proficient speaking callers to call MC 311 for information regarding MCares clinics. The staff person will respond to Spanish speaking callers.
- There will be close working relations with MC 311 so that they can better triage callers and refer to MCares clinics.

All phone staff will collect the following basic info:

- Date of Call
- Name
- Phone
- Age
- Gender
- Race/ethnicity
- Geographic location of residence
- Limited English Proficiency: YES/NO
- Preferred Language
- Country of Origin
- Insurance Status
- Nature of Call

All three databases will be shared to create one integrated database to be used by all I& N specialists.

All I & N phone staff will provide the following basic assistance:

- Description of MCares program (type of services provided, any specialty care).
- Locate appropriate clinic for caller (based on location, language spoken, urgency and others)
- The requirements of the clinics- proof of address, proof of income, potential co-pay/sliding scale, hours of operation, location, directions, phone number etc.
- If necessary, help connect client, to clinics and conduct 3-way conversation with clinic staff to secure appointment.

2. Medical Interpretation

- Medical interpretation will continue to be provided via the current LHI sponsored medical interpretation services provided by the current vendor, CASA. MCares clinics called into a CASA phone number to request for interpreters for patients.
- Medical interpreting will be provided to Asian patients dependent on critical need. We will rely on PCC clinics to utilize the telephone interpretation line as necessary.
 - Assessment will be conducted by reviewing the data collected through triage to determine the urgency and need for the Asian callers to have medical interpreters at upcoming appointments. Since budget for Medical interpretation will be limited, there will be modifications to the existing Medical interpreters' component of the PNP. Only those in critical need will be provided with Medical interpreters using per diem interpreters.
 - AAHI/ Coordinator will work with the MCares clinics to identify ways to obtain block appointments for the Asian appointments. This way medical interpreters will be providing services to a group of clients (this will be similar to how CASA will provide medical interpretation)

3. Education & outreach to community regarding change of service in FY11:

- LHI and AAHI will utilize health promoters to educate community of how to access MCares clinics. Again, in FY11, there may not be a need to advertise a new phone number if calls can be rolled over.
- LHI will continue to provide medical interpreters for Spanish through CASA when MCares clinics call to make such requests
- PCC clinics front line staff (receptionists, intake workers) will need to be culturally and linguistically competent to serve a diverse population

4. Evaluation:

I. Information Line:

With prior patient approval, program staff will **follow-up with random patient sample** to monitor client satisfaction and program success. A survey protocol will be developed and will be sent out to patients or random calls will be made.

II. Interpreters: Will administer surveys during appointments (paper surveys) to gather feedback from provider clinics and patients.

Advantages:

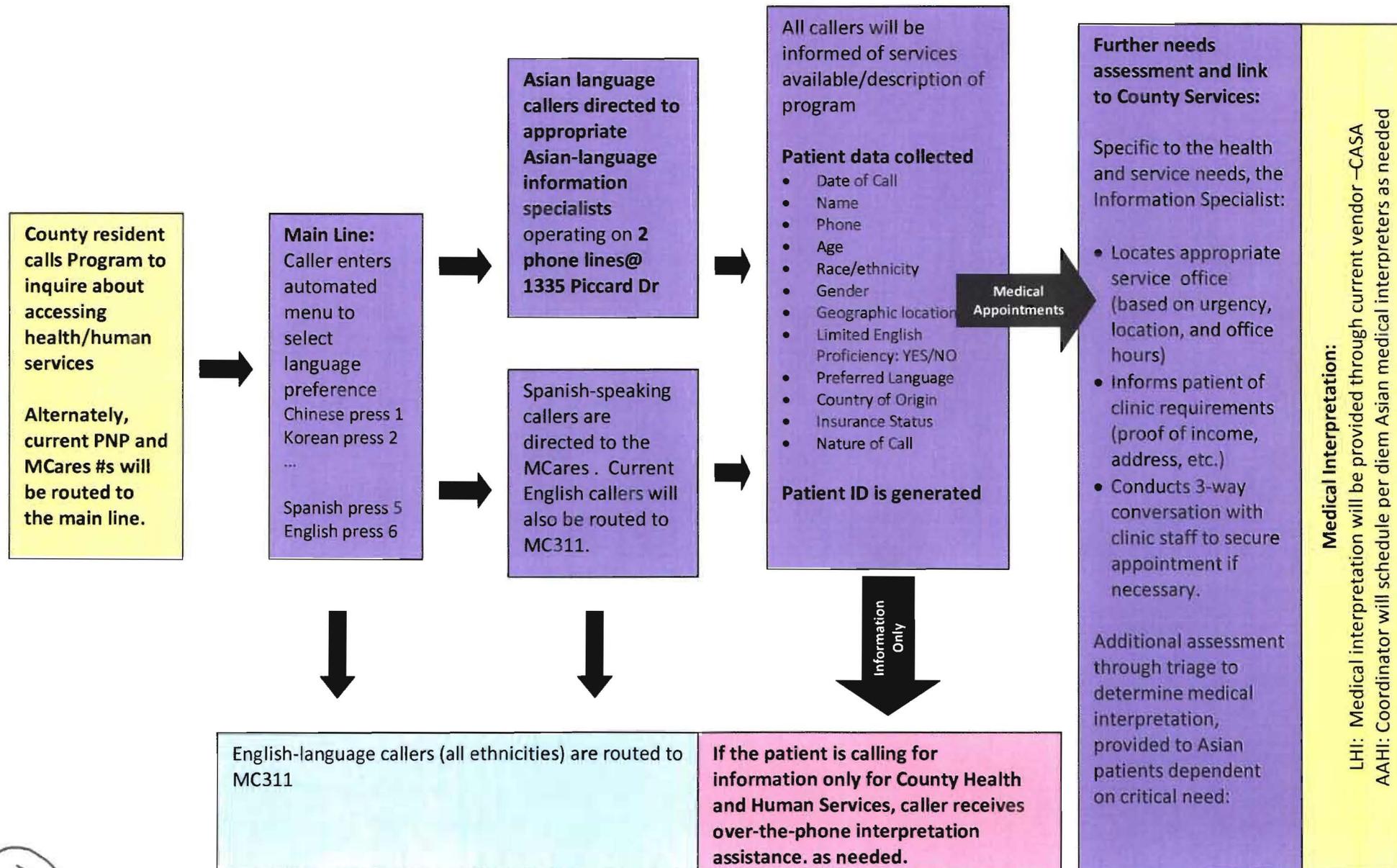
- Standardizing data fields and basic assistance
- Integrated data base
- Standardizing data reporting
- Designed as a Tier III model capitalizing on MC 311's potential capability
- Improve information sharing on clinic appointment availability
- Share knowledge data bases that are created by MC311, PCC, HHS and Collaboration Council.
- Less expensive model with different approach

Limitations:

- Hours of operation may be less than what is currently being provided by the three vendors
- Initially, there may be longer wait time for callers.
- Medical interpretation will be reduced.

Multilingual Patient Navigator Program: FY 2011 Transitional Structure

The following chart details the early stages of the patient navigation transition process, including scheduling and assessment. The level of navigation will vary depending on a client's needs and English-language proficiency.



(A)



DEPARTMENT OF HEALTH AND HUMAN SERVICES

Isiah Leggett
County Executive

Uma S. Ahluwalia
Director

MEMORANDUM

April 26, 2009

TO: The Honorable George Leventhal, Chair
Montgomery County Council Health and Human Services Committee

FROM: *Uma S. Ahluwalia*
Uma S. Ahluwalia, Director

SUBJECT: Response to the information request on the Health Care and Group Residential Facilities Program in Public Health Services and the Ombudsman Program in Aging and Disability Services

Attached please find a comparative analysis of the Health Care and Group Residential Program in Public Health Services and the Ombudsman Program in Aging and Disability Services. The analysis clearly shows the differences between the two programs and confirms that there is no overlap. There are three points within this document that I want to highlight:

- There are specific State designated tasks that are performed by the County to ensure the safety of the residents. There is no duplication in the services provided by the County and the State.
- In addition, the Health Care and Group Residential Facilities Program has a State match component so any reductions to this program will result in a corresponding reduction in State revenue.
- Lastly the Ombudsman Program largely depends on the work of volunteers and these efforts cannot replace the work that is done by our employees. The Ombudsman has no regulatory authority to enforce any compliance issues.

A budget reduction in either one of these areas would have a severely detrimental impact on the vulnerable and frail elderly that reside in Montgomery County nursing homes and large assisted living/domiciliary facilities. It would place residents at substantial risk of abuse and neglect leading to pain, morbidity and mortality. It would also deny the residents' rights to a timely response to concerns about substandard care and expose the County/agency to adverse actions and publicity that could result from failure to promptly investigate allegations of substandard care.

USA:tjk

Attachment

Office of the Director

HEALTH CARE FACILITY PROGRAM
(Nursing Home and Assisted Living/Domiciliary)

Health Care and Group Residential Facilities –

Health Care Facility Program (Nursing Home and Large Assisted Living/Domiciliary)

- **How much are we reimbursed by the State for the Nursing Home Inspections?**

Revenue Type	Revenue		
	FY09 Actuals	FY10 YTD Actuals	FY11 Budget
Nursing Home Reimbursement	529,680	431,220	510,000
Licensure Fee - Nursing Home	58,140	43,540	58,750
Assisted Living Reimbursement	117,701	90,600	115,000
Licensure Fee - AL/Dom Care	20,890	17,710	19,600

- **Memo outlining Health Care and Group Residential Facilities vs. Ombudsman**

- Sources of funding – In table below
- Roles of each program – In table below
- Specific statutes/legislation that mandate/guide the programs – In table below
- How quick is response time for complaints now that Ombudsman nurse position has been abolished? Response time data is not required by the Feds or State as a performance indicator and therefore is not tracked. We are in full compliance with the requirement that cases be opened within 5 days of initial contact.
- Can we achieve any savings in the Health Care and Group Residential program as a result of the activities in the Ombudsman program? No. The activities in these programs are not duplicative as outlined in the roles and responsibilities described in the table below.
- Documentation of the neutrality of the Ombudsman program and why it cannot/should not be organizationally included in a regulatory unit (i.e., PHS L&R). Included in information below.

	Nursing Homes	Large Assisted Living/Domiciliary	Ombudsman
Statutes/Regulatory Authority	Federal 42CFR 483. State-COMAR 10.07.02 County-Chapter 25	State- 10.07.14 County Chapter-25	Federal: Older Americans Act, Section. 712. State Long –Term Care Ombudsman Program; U.S. Code 42, Chapter 35, Subchapter XI, 3058g; State Long – Term Care Ombudsman Program State: Nursing Home Ombudsman Program, COMAR, Title 32. Subtitle 03. Chapter 02 Department of Aging; Long Term Care Ombudsman Program; Related Institutions: Commission on Aging; Human Services Article, TITLE 10. Department of Aging, SUBTITLE 2. Sections 10-213,
Roles/Responsibility	Delegated to Montgomery County to conduct onsite inspections that determine whether its nursing homes meet the minimum quality and performance standards. The State does not conduct surveys/inspections in Montgomery County.	Delegated to Montgomery County to conduct onsite inspections that determine whether the Large assisted living/domiciliary facilities meet minimum quality and performance standards. The State does not conduct survey inspections for large assisted living/domiciliary facilities in Montgomery County.	The Ombudsman is an advocate whose goal is to promote the highest possible quality of life and care for residents living in long term care facilities. The Ombudsman helps residents to resolve problems within the long-term care environment. The Ombudsman has no regulatory authority but does communicate with surveyors from the Licensing and Regulatory (L&R) Unit prior to L&R surveys to provide information pertaining to complaints received. Because of the neutrality of the program, under Section 712 of the Older Americans Act, the Ombudsman does not have a direct involvement in the licensing or certification of a long term care facility or of a provider and therefore should not and cannot be organizationally included in the regulatory unit.

FY11 CE Recommended Budget

	Nursing Homes	Large Assisted Living/Domiciliary	Ombudsman
Personnel Cost			
County General Fund	972,390	267,680	354,420
Grant Funds			184,630
Operating			
County General Funds	3,240	900	
Grant Funds			94,210
Total Cost	975,630	268,580	633,260
FY11 Budgeted Revenue	Nursing Homes \$510,000 Licensure Fees \$58,750	Assisted Living \$115,000 Licensure Fees \$19,600	0
Net Cost to County - (Total costs minus estimated revenue offset and grant funds)	406,880	133,980	354,420

Personnel Complement	5.0 WY Community Health Nurses (CHN II) – surveys 2.0 WY CHN II - Complaint Investigations 1.0 WY Program Manager II	2.0 WY Community Health Nurses – Large Assisted Living/Domiciliary surveys	5 FT /1 PT positions 1.0 WY Program Manager II 2.0 WY Program Manager I 1.5 WY Social Worker II 1.0 WY Office Service Coordinator
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Overview
Health Care & Group Residential Services
Nursing Homes

Rationale/history - The Centers for Medicare& Medicaid Services (CMS) oversees the Medicare and Medicaid programs and delegates to each State the authority to license, inspect and monitor these facilities. More than 500 Federal regulations exist today that set the minimum standards and requirements for resident care and services. In addition, facilities must comply with numerous State and County regulations.

The State has delegated to Montgomery County the responsibility to conduct onsite inspections that determine whether its nursing homes meet the minimum quality and performance standards. **There is no duplication of services by the State and County in conducting quality of care inspections/surveys.**

The nursing homes (34) are inspected at least annually and more frequently when the facilities are performing poorly. Inspections/surveys are conducted by a team of 5 registered nurses, are unannounced, complex and usually last 5-8 days. The surveyors contact the Ombudsman Program prior to a survey to elicit information regarding issues and complaints. The Ombudsman Program does not have any regulatory responsibility or authority.

The County also investigates complaints on behalf of the State. These inspections are conducted by a team of 2 registered nurses. In FY09, more than 300 complaints were investigated. Examples of the results of complaint investigations include determining:

- Medication errors that may have resulted in the death of a resident;
- Failure to provide appropriate tracheotomy (airway) care resulting in the death of a resident;
- Side rail entrapment of a resident resulting in death;
- Elopements at various facilities that resulted in injuries to the residents or the potential for great harm;

Assisted Living/Domiciliary Facilities

The State has delegated to Montgomery County authority to conduct onsite inspections that determine whether its Assisted Living/Domiciliary Facilities meet minimum quality and performance standards. There is no duplication of services by the State and County in conducting quality of care inspections/surveys. Other counties in Maryland also conduct surveys on behalf of the State. However, Montgomery County is the only county that receives reimbursement for the inspections conducted on behalf of the State.

The Large Assisted Living/Domiciliary Facilities (27) are inspected at least annually and more frequently when the facilities are performing poorly. Inspections/surveys are conducted by a team of 2 registered nurses, are unannounced and usually last 5 days. The surveyors contact the Ombudsman program prior to a survey to elicit information regarding issues and complaints. The Ombudsman does not have any regulatory authority.

Applicable to Both Nursing Homes and Assisted Living/Domiciliary Facilities

Nurse surveyors must possess a broad range of knowledge of the standards of practice for nursing and other disciplines such as: rehabilitation, pharmacy, physician services, lab and radiology services, and the laws and regulations regarding resident rights' issues. In addition, the nursing home inspection team must be comprised of registered nurses who are certified by CMS to conduct these inspections. Training for this position can take a minimum of one year.

CMS and/or the State can take action against a poorly performing facility that can include a civil money penalty, license revocation, and denial of payment from Medicare and/or Medicaid. The extent of the harm caused by the failure to meet a specific requirement is considered before an enforcement action is taken. One nursing home in Montgomery County received the highest civil money penalty ever in the State of

Maryland (\$ 80,000) related to bed sores. The civil money penalties collected by the State go into a fund specifically for facility improvements or trainings state wide. A detailed report of deficient findings is given to the facility and providers must respond within 14 days with an acceptable Plan of Correction. All survey reports become public record and must be posted or readily available for review by residents, staff and visitors.

The risk of not conducting delegated licensing is a loss of direct local participation in quality management and resident complaint response. The benefits for County residents far outweigh the costs to the County to maintain delegated licensing and inspection of these facilities by experienced, local County health professionals, trained to address their needs and provide effective proactive oversight and guidance.

A reduction in County funding for these services would lead to a commensurate reduction of State reimbursement since the State ties its reimbursement directly to salaries. Any reduction would result in a revenue failure. A reduction may also delay or eliminate complaint response. This would have a severely detrimental impact on the vulnerable and frail elderly that reside in Montgomery County nursing homes and large assisted living/domiciliary facilities. It would place residents at increased risk of abuse and neglect. It would also deny the residents their rights to a timely response to concerns about substandard care, thus making us non compliant with State requirements related to their reimbursement for our work in the County. It would also expose the County to adverse actions and publicity that could result from failure to promptly investigate allegations of substandard care. We strongly urge the Council to not cut allocation to this area of practice.

Overview

LONG TERM CARE OMBUDSMAN PROGRAM

The Long Term Ombudsman Program was established under the Older Americans Act of 1965. The Older American's Act Amendments of 1978 made the program mandatory for every state and further defined ombudsman responsibilities in nursing homes. The authority and duties of ombudsman programs were expanded in 1982 to include licensed assisted living facilities. In May 1997, the program expanded ombudsman services to all licensed assisted living facilities, which added group homes for the elderly to the program. The effectiveness of the program is dependent on the efforts of dedicated volunteer ombudsmen representatives coordinated by program staff within Montgomery County's Aging and Disability Services. The Montgomery County Long Term Care Ombudsman Program has the highest number of Volunteer Ombudsman Representatives in the state.

"Ombudsman" is a Swedish term for a person who acts as a citizen representative. The Ombudsman is an advocate whose goal is to promote the highest possible quality of life and care for residents living in long term care facilities. The Ombudsman helps residents to resolve problems within the long-term care environment. The Ombudsman has no regulatory authority but does communicate with surveyors from the Licensing and Regulatory (L&R) Unit prior to L&R surveys to provide information pertaining to complaints received. Because of the neutrality of the program, under Section 712 of the Older Americans Act, the Ombudsman does not have a direct involvement in the licensing or certification of a long term care facility or of a provider and therefore should not and cannot be organizationally included in the regulatory unit.

The Ombudsman:

- Ensures understanding and implementation of residents' legal rights.
- Receives and seeks to resolve complaints made by or on behalf of long term care residents.
- Encourages self-advocacy and provides assistance and support until problems are resolved.
- Provides access to service through visits by volunteer ombudsmen and program staff.
- Provides training and continuing education to volunteer ombudsmen.
- Protects the privacy and confidentiality of residents, their families and others who utilize the ombudsman services.
- Provides information and referral services regarding long term care issues.
- Educates the community about long term care facilities and systems.
- Identifies and seeks to remedy gaps in facility, government or community services for long term care residents.

Advocates for improvements in relevant legislation and policy.

The Long Term Ombudsman in Montgomery County consists of 4.5 professional employees and 1 office services coordinator. A Community Health Nurse position was abolished this year due to a reduction in the State grant. The Program has over 60 Volunteer Ombudsman Representatives. There are 34 nursing homes and 193 assisted living facilities in Montgomery County. This is a total of 7,721 certified beds for long term care residential population. The majority of volunteers have provided service in the nursing home settings to meet the primary purpose defined in the Older Americans Act. Following the guidelines developed by the Maryland Department of Aging (MDoA), Ombudsman Volunteers spend a minimum of 10 hours per week per assigned nursing home. The MDoA formula did not consider any assisted living coverage provided by the county.

Paid professional staff supervises the volunteers, makes regular visits to facilities, provides telephone consultation, and recruits and trains volunteers. Recruitment training occurs two to three times per year, are five days in length, with 30 hours of training. Monthly trainings are facilitated by professional staff. Ombudsman staff has been invited as speakers to national audiences.

The Ombudsman Program, along with the Commission on Aging, takes a lead role in informing the consumers about long term care. The Ombudsman Program has been involved with organizing family members and residents from different facilities to participate in groups to identify problems and possible solutions. Core residents have been supported by the ombudsman in participation of focus groups at the national level. This information is used to help create or support legislation to improve quality of life and care in long term care facilities.

As the senior population continues to age, despite the best efforts of community based services, there is likely to be an increase in the need for institutional and assisted living care for the most vulnerable. With the loss of a full time position, the program has reached its capacity to recruit additional volunteers. According to the National Ombudsman Resource Center, the most effective ratio between staff to volunteer is 1-8. Presently the Montgomery County Ombudsman Program has a ratio of 1-15. A recruitment and training originally scheduled for June, 2010 has been cancelled. Visitation to small group homes cannot be made quarterly as has been specified by the State of Maryland Long Term Care Ombudsman due to inadequate staff and volunteers. This leaves the very vulnerable residents in potential jeopardy of possible neglect, abuse, and denial of their "Resident Rights."

Respite Providers

Licensed Home Health / In Home Care

Adventist Choice Nursing
Visiting Angels
Housen Homecare
Sandra's Nursing Services
At Home Care, Inc
Right at Home
Maxim Healthcare Services
Reliance Home Care
Eron's Home Health
American Caregivers, Inc
Encore NG Services
Bright Star
Home Health Connections
Unity Health
Premier Homecare
Millenia Preferred Nursing
AAA Warman Home Care
Specialty Care Services

Nursing Agencies

Adventist Choice Nursing
Home Health Connection
Housen Homecare
Maxim Healthcare Services
Eron's Home Health
Encore NG Services
Bright Star
Unity Health
Millenia Preferred Nursing
Specialty Care Services
Infinity Nursing Services
Sandra's Nursing Services

Community Residential Facilities

Summerville At Potomac
Fox Chase Rehab & Nursing Center
Warm Heart Family Assist. Living
AAA Warmcare of Potomac
Silver Spring Asst. Living
Randolph Hills Nursing Center
National Luthern Home
Winter Growth

Independent Providers for Adults w/ Functional Disabilities

Felix Buabeng
Irene Campos
Cherita Croom
Olusegun Jackson
Rodney Kearney
Franklin Koroma
Tracey Moore
Felicia Owunwanne
Prescila Pido
Joanne Ross
Kim Stover
LaRhue Von Sumpter
Darrell Wilson
Eleanor Wolfred

Independent Providers for Children w/ Challenging Behaviors

Tracey Moore

Independent Providers for Children w/ Developmental Disabilities

Irene Campos
Chertia Croom
Egbevado Goli
Rodney Kearney
Franklin Koroma
Tracey Moore
Felicia Owunwanne
Prescila Pido
Whitnye Rodgers
Joanne Ross
Marcia Ruddock
Kim Stover
La Rhue Von Sumpter
Darrell Wilson
Eleanor Wolfred

Independent Providers for Adults w/ Developmental Disabilities

Felix Buabeng
Chertia Croom
Olusegun Jackson
Margaret Johnson
Rodney Kearney
Franklin Koroma
Tracey Moore
Felicia Owunwanne
Joanne Ross
Kim Stover
La Rhue Von Sumpter
Darrell Wilson
Eleanor Wolfred

Independent Providers for Frail Seniors

Felix Buabeng
Irene Campos
Lillian Carr
Chertia Croom
Egbevado Goli
Olusegun Jackson
Margaret Johnson
Franklin Koroma
Tracey Moore
Felicia Owunwanne
Whitnye Rodgers
Joanne Ross
Marcia Ruddock
Kim Stover
La Rhue Von Sumpter
Darrell Wilson
Eleanor Wolfred

57.50 Fee

MARYLAND DEPARTMENT OF HUMAN RESOURCES

Respite Care Services Fee Scale

Effective January 1, 2002

Community Services Administration
Office of Adult Services

# In Family	50% Med. Income	Consumer Fee	60% Med. Income	Consumer Fee	70% Med. Income	Consumer Fee	80% Med. Income	Consumer Fee	90% Med. Income	Consumer Fee	100% Med. Income
1	\$ 19,450	Consumer	\$ 23,339	Consumer	\$ 27,228	Consumer	\$ 31,119	Consumer	\$ 35,009	Consumer	\$ 38,899
2	\$ 25,434		\$ 30,521		\$ 35,608		\$ 40,694		\$ 45,781		\$ 50,868
3	\$ 31,419	Pays 5%	\$ 37,702	Pays 10%	\$ 43,986	Pays 20%	\$ 50,270	Pays 30%	\$ 56,553	Pays 40%	\$ 62,837
4	\$ 37,403		\$ 44,884		\$ 52,364		\$ 59,845		\$ 67,325		\$ 74,806
5	\$ 43,378	Care	\$ 52,053	Care	\$ 60,729	Care	\$ 69,404	Care	\$ 78,080	Care	\$ 86,756
6	\$ 49,372		\$ 59,246		\$ 68,121		\$ 76,995		\$ 85,870		\$ 94,744
7	\$ 50,494	Worker	\$ 60,893	Worker	\$ 70,692	Worker	\$ 80,790	Worker	\$ 90,889	Worker	\$ 100,988
8	\$ 51,616		\$ 61,839		\$ 72,262		\$ 82,586		\$ 92,909		\$ 103,232
9	\$ 52,739	Fee	\$ 63,286	Fee	\$ 73,833	Fee	\$ 84,381	Fee	\$ 94,928	Fee	\$ 105,476
10	\$ 53,861		\$ 64,633		\$ 75,405		\$ 86,177		\$ 96,949		\$ 107,721

0.38 0.75 1.50 2.25 3.00

# In Family	100% Med. Income	Consumer Fee	110% Med. Income	Consumer Fee	120% Med. Income	Consumer Fee	130% Med. Income	Consumer Fee	140% Med. Income	Consumer Fee	150% Med. Income
1	\$ 38,899	Consumer	\$ 42,789	Consumer	\$ 46,679	Consumer	\$ 50,569	Consumer	\$ 54,459	Consumer	\$ 58,349
2	\$ 50,868		\$ 55,955		\$ 61,042		\$ 66,129		\$ 71,215		\$ 76,302
3	\$ 62,837	Pays 60%	\$ 69,121	Pays 60%	\$ 75,404	Pays 70%	\$ 81,688	Pays 60%	\$ 87,972	Pays 80%	\$ 94,256
4	\$ 74,806		\$ 82,287		\$ 89,767		\$ 97,248		\$ 104,728		\$ 112,209
5	\$ 86,756	Care	\$ 95,431	Care	\$ 104,106	Care	\$ 112,782	Care	\$ 121,457	Care	\$ 130,133
6	\$ 98,744		\$ 108,618		\$ 118,493		\$ 128,367		\$ 138,242		\$ 148,116
7	\$ 100,988	Worker	\$ 111,087	Worker	\$ 121,186	Worker	\$ 131,284	Worker	\$ 141,383	Worker	\$ 151,482
8	\$ 103,232		\$ 113,555		\$ 123,878		\$ 134,202		\$ 144,525		\$ 154,848
9	\$ 105,476	Fee	\$ 116,024	Fee	\$ 126,571	Fee	\$ 137,119	Fee	\$ 147,666	Fee	\$ 158,214
10	\$ 107,721		\$ 118,493		\$ 129,265		\$ 140,037		\$ 150,809		\$ 161,582

3.75 4.50 5.25 6.00 6.75

Explanation: find the # of persons in the family in the first column on the left side of the chart. To find the percent of fee required, read across the scale. When the family's annual gross income is equal to or greater than the income figure in a percent column and less than the income figure in the next column, the family pays the percent of the fee indicated between those two percent columns. When the family's annual gross income equals or exceeds 150% of the median income, the family pays the full respite fee.

Care Worker Fees: a maximum hourly pay rate may not exceed twice the legal minimum wage for Level I care, and \$26 per hour for Level II care.

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Pro's and Con's for Respite Services vs Respite House

Pro for Respite Services

Average cost per hour for Respite services is \$13.39 per hour.

Respite Services is very flexible.

Families have many choices; they may choose their own provider or they can access a provider (individual or agency) from the registry. All providers are licensed and all individuals are trained and have extensive experience.

Families may choose a community program/activity, camp, recreational program or adult day program.

Nursing care agency's are on the registry

Accommodates emergencies.

Pro for Respite House

A comfortable home setting as to a facility setting.

The individual receiving respite might have interaction with others in the house.

Familiarity

Out of home placement to give the caregivers more of a break.

The staff is able to administer medications and attend to any medical assistance that might be required.

Overnight care

Con for Respite House

Average cost per hour for the Respite Home is \$38.25

Summer months the Respite House is booked. Limited capacity of 3.

During the week from October thru May, the house is vacant.

Only serves individuals with developmental disabilities

Individuals do not have 1:1 staffing

Con for Respite Services

Waitlists

Limited number of hours an individual may use - 130 per fiscal year.

Administration and Support			
	FY10 General Fund Contract	7% Reduction (CE)	3.5% Reduction
Office of Community Affairs			
Interfaith Works - Gaithersburg Clothing Closet	\$ 49,492	\$ 3,460	\$ 1,730
IMPACT Silver Spring - Community Outreach	\$ 92,275	\$ 7,000	\$ 3,500
Catholic Charities - case management and referral for families in crisis	\$ 185,518	\$ 12,990	\$ 6,495
CASA de Maryland - employment training and support services to low-income, limited English proficient residents	\$ 374,094	\$ 26,190	\$ 13,095
Language Learning Enterprises - telephone language services for the Police Department	\$ 43,000	\$ 3,010	\$ 1,505
Interpreter Services Contract for County Government	\$ 40,000	\$ 2,800	\$ 1,400
Translation Services for County Government	\$ 40,000	\$ 2,800	\$ 1,400
Manna Food Center - distribute free food to hungry and low-income residents	\$ 191,585	\$ 13,410	\$ 6,705
Caribbean Help Center - social services to Caribbean and African immigrants	\$ 21,650	\$ 1,520	\$ 760
MC Maryland Bar Foundation - Pro Bono legal services	\$ 49,733	\$ 3,480	\$ 1,740
TOTAL	\$ 1,087,347	\$ 76,660	\$ 38,330

Aging and Disabilities Contracts			
(no DD Supplement or \$ tied to a client)			
	FY10 General Fund Contract	7% Reduction (CE)	3.5% Reduction
Assessment and Continuing Care:			
Jewish Social Service Agency escorted transportation	\$ 6,000	\$ 420	\$ 210
Winter Growth Inc. escorted transportation	\$ 1,000	\$ 70	\$ 35
	FY10 General Fund Contract	7% Reduction (CE)	3.5% Reduction
Community Support Network:			
ARC of MC for the Building for After All program	\$ 54,127	\$ 3,750	\$ 1,875
Columbia Lighthouse for the Blind services to the visually impaired	\$ 89,931	\$ 6,300	\$ 3,150
Independence Now senior support services	\$ 54,846	\$ 3,800	\$ 1,900
Lt Joseph P Kennedy Institute medical day program	\$ 348,408	\$ 23,390	\$ 11,695
Metropolitan Washington Ear media services for the visually impaired	\$ 54,795	\$ 3,800	\$ 1,900
Potomac Community Resources support services to people with developmental disabilities	\$ 70,902	\$ 4,910	\$ 2,455
Regency Cab taxi cab services	\$ 5,000	\$ 350	\$ 175
TransCen supportive employment services	\$ 32,801	\$ 2,270	\$ 1,135
Home Care/Personal Care Services:			
Advanced Home Support	\$ 95,000	\$ 27,230	\$ 13,615
Adventist Homes Assistance	\$ 45,000	\$ 6,950	\$ 3,475
Encore	\$ 45,000	\$ 3,290	\$ 1,645
Home Care Partners	\$ 442,000	\$ 36,390	\$ 18,195
Jewish Social Services Agency - Case Management	\$ 31,256	\$ 7,319	\$ 3,660
Korean American Senior Citizen Association	\$ 26,795	\$ 1,880	\$ 940
Montgomery General Home Care	\$ 288,000	\$ 58,850	\$ 29,425
Potomac Home Support	\$ 372,000	\$ 26,040	\$ 13,020
Nursing Enterprises	\$ 804,000	\$ 56,280	\$ 28,140
Specialty Care	\$ 100,000	\$ 7,319	\$ 3,660
Visiting Angels	\$ 100,000	\$ 7,319	\$ 3,660
Mentoring:			
Best Buddies	\$ 30,935	\$ 2,170	\$ 1,085
Respite Care:			
ARC of Montgomery County	\$ 5,880	\$ 410	\$ 205
ARC of Montgomery County	\$ 161,129	\$ 11,280	\$ 5,640
ARC of Montgomery County	\$ 709,428	\$ 49,660	\$ 24,830
ARC of Montgomery County Respite House	\$ 159,100	\$ 159,100	\$ 79,550

	FY10 General Fund Contract	7% Reduction (CE)	3.5% Reduction
Senior Community Programs:			
Alzheimer's Association for education and training for public and private county workplaces.	\$ 92,200	\$ 6,450	\$ 3,225
Interages, Inc inter-generational programming for at-risk youth	\$ 56,240	\$ 3,940	\$ 1,970
JESSA Medical Supply assistive devices to to increase the independence of the frail elderly	\$ 24,999	\$ 1,750	\$ 875
Jewish Community Center independence skill building for blind seniors	\$ 3,951	\$ 280	\$ 140
Jewish Council for the Aging on the job training for low income seniors	\$ 36,674	\$ 2,780	\$ 1,390
Mental Health Association - visits to homebound seniors	\$ 84,339	\$ 5,900	\$ 2,950
Mental Health Association - money management for disabled seniors	\$ 80,278	\$ 5,620	\$ 2,810
University of Maryland Cooperative Extension Service - couesling on insurance, presription drugs, medical billing, etc.	\$ 100,443	\$ 7,030	\$ 3,515
	FY10 General Fund Contract	7% Reduction (CE)	3.5% Reduction
Senior Nutrition:			\$ -
Gaithersburg Meals on Wheels for home delivered meals	\$ 25,926	\$ 1,810	\$ 905
Gaithersburg Meals on Wheels for home delivered meals for people with disabilities under 60 years old	\$ 8,000	\$ 560	\$ 280
Jewish Social Service Agency Meals on Wheels for home delivered meals for people with disabilities under 60 years old	\$ 3,000	\$ 210	\$ 105
Meals on Wheels of Central Maryland	\$ 18,060	\$ 1,260	\$ 630
Wheaton Meals on Wheels for home delivered meals for people with disabilities under 60 years old	\$ 5,000	\$ 350	\$ 175
Nutrition Inc. congregate and home delivered meals	\$ 255,325	\$ 17,870	\$ 8,935
Nutrition Inc. congregate meals	\$ 36,000	\$ 2,520	\$ 1,260
Nutrition Inc. home delivered meals for people with disabilities under 60 years old	\$ 21,000	\$ 1,470	\$ 735
Orient Express delivered meals to the homebound	\$ 12,000	\$ 840	\$ 420
Rockville Meals on Wheels home delivered meals for people with disabilities under 60 years old	\$ 2,000	\$ 140	\$ 70
Washington D.C. Meals on Wheels home delivered meals for people with disabilities under 60 years old	\$ 15,475	\$ 1,090	\$ 545
Top Banana home delivered groceries	\$ 72,140	\$ 5,050	\$ 2,525
TOTAL	\$ 5,086,383	\$ 577,467	\$ 288,734

Behavioral Health and Crisis Services			
	FY10 General Fund Contract	7% Reduction (CE)	3.5% Reduction
BH Planning and Management			
Adventist Health Care - Outpatient mental health services	\$ 4,086	\$ 290	\$ 145
Affiliated Sante Group - Outpatient mental health services	\$ 40,000	\$ 2,800	\$ 1,400
Affiliated Sante Group - Consumer run drop-in center	\$ 31,620	\$ 2,210	\$ 1,105
Family Services, Inc - services to referred families	\$ 28,900	\$ 2,020	\$ 1,010
Family Services, Inc - outpatient mental health services	\$ 47,500	\$ 3,330	\$ 1,665
Housing Opportunities Commission - for support services for mentally ill adults	\$ 25,000	\$ 1,750	\$ 875
Korean Community Service Center of Greater Washington - mental health services, referrals, and health fairs for persons with limited English	\$ 45,450	\$ 3,150	\$ 1,575
Mental Health Association - Shelter Plus Care	\$ 46,240	\$ 3,240	\$ 1,620
National Alliance for the Mentally Ill - parent education and training program	\$ 5,254	\$ 360	\$ 180
Reginald Lourie Center - therapeutic nursery for emotionally disturbed pre-schoolers	\$ 51,611	\$ 3,610	\$ 1,805
Reginald Lourie Center - outpatient mental health services	\$ 4,541	\$ 320	\$ 160
St. Luke's House - outpatient mental health services	\$ 55,716	\$ 3,900	\$ 1,950
St. Luke's House - vocational training and education services	\$ 41,616	\$ 2,910	\$ 1,455
St. Luke's House - housing facilitator and case management	\$ 90,014	\$ 6,300	\$ 3,150
St. Luke's House - residential rehabilitation services	\$ 20,000	\$ 1,400	\$ 700
Threshold Services - outpatient mental health	\$ 80,000	\$ 5,600	\$ 2,800
Vesta, Inc - outpatient mental health services	\$ 68,511	\$ 4,800	\$ 2,400

Senior Mental Health	FY10 General Fund Contract	7% Reduction (CE)	3.5% Reduction
Affiliated Sante Group - prevention and early intervention services for county residents aged 60 or older	\$ 90,811	\$ 6,360	\$ 3,180
Affiliated Sante Group - Mental health outreach to homebound county residents aged 60 or older	\$ 123,114	\$ 8,620	\$ 4,310
Affiliated Sante Group - Mental health outreach to homebound county residents aged 60 or older	\$ 3,179	\$ 220	\$ 110
Affiliated Sante Group - Mental health outreach to Hispanic county residents aged 60 or older whose primary language is Spanish	\$ 99,737	\$ 6,980	\$ 3,490
Affiliated Sante Group - Mental health outreach to Hispanic county residents aged 60 or older whose primary language is Spanish	\$ 1,773	\$ 120	\$ 60
Jewish Social Service Agency - mental health services for the hearing impaired	\$ 72,206	\$ 5,050	\$ 2,525
Child and Adolescent Mental Health			
	FY10 General Fund Contract	7% Reduction (CE)	3.5% Reduction
Collaboration Council - wrap around services	\$ 800,000	\$ 56,000	\$ 28,000
Specialty Services			
	FY10 General Fund Contract	7% Reduction (CE)	3.5% Reduction
Atlantic Diagnostic Laboratories - Lab Services	\$ 7,000	\$ 490	\$ 245
Family Service Foundation	\$ 22,585	\$ 1,580	\$ 790
Physician Sales and Services - medical supplies	\$ 1,924	\$ 130	\$ 65
Primary Care Coalition - MedBank Pharmacy	\$ 40,000	\$ 2,800	\$ 1,400
24 Hour Crisis Services			
	FY10 General Fund Contract	7% Reduction (CE)	3.5% Reduction
Barwood Cab - emergency transportation	\$ 280	\$ 20	\$ 10
Mental Health Association - 24 hour hotline	\$ 113,412	\$ 7,860	\$ 3,930
Regency Cab - victims of domestic violence	\$ 4,500	\$ 320	\$ 160
Regency Cab - emergency transportation	\$ 23,820	\$ 1,670	\$ 835
Westwood Valent - laundry and dry cleaning	\$ 4,000	\$ 280	\$ 140

Outpatient Addictions Services	FY10 General Fund Contract	7% Reduction (CE)	3.5% Reduction
Cardinal Health - pharmacy and related healthcare product distribution services	\$ 10,000	\$ 700	\$ 350
Counseling Plus - Level 1 Substance Abuse Services for adults	\$ 30,000	\$ 2,100	\$ 1,050
Elizabeth Nyang, Ed.D. - Level 1 Substance Abuse Services for adults	\$ 24,000	\$ 1,680	\$ 840
Chrysalis House - halfway house for women	\$ 41,682	\$ 2,920	\$ 1,460
Family Health Center - Level 1 Substance Abuse Services for adults	\$ 20,321	\$ 1,420	\$ 710
Maryland Treatment Center - substance abuse counseling	\$ 230,120	\$ 16,110	\$ 8,055
Montgomery General Hospital - Level IV medically managed de-tox	\$ 10,000	\$ 700	\$ 350
Powell Recovery Center (residential and outpatient services)	\$ 137,472	\$ 9,620	\$ 4,810
Powell Recovery Center (residential and outpatient services)	\$ 227,527	\$ 15,930	\$ 7,965
Resources for Human Development - Avery Road combined care program	\$ 211,345	\$ 14,790	\$ 7,395
Victim Assistance			
Casa de Maryland - Human trafficking outreach and legal services	\$ 65,813	\$ 4,610	\$ 2,305
J&E Associates - batterer group and individual counseling for Abused Persons Program	\$ 259,270	\$ 18,150	\$ 9,075
National Center for Children and Families - Betty Ann Krahnke Center	\$ 1,078,975	\$ 75,530	\$ 37,765
TOTAL	\$ 4,440,925	\$ 310,750	\$ 155,375

Children, Youth, and Families			
	FY10 General Fund Contract	7% Reduction (CE)	3.5% Reduction
Center for Adoption Support and Education - post adoption services	\$ 204,000	\$ 14,280	\$ 7,140
Family Services, Inc.	\$ 175,724	\$ 12,300	\$ 6,150
Mental Health Association - Bridges to Pals	\$ 65,395	\$ 4,530	\$ 2,265
Primary Care Coalition - Child Advocacy Center	\$ 535,128	\$ 37,460	\$ 18,730
YMCA Quesbec Terrace substance abuse services	\$ 36,546	\$ 2,560	\$ 1,280
KHI Services - Level 1 Outpatient Services	\$ 131,672	\$ 9,220	\$ 4,610
Maryland Treatment Center - Day Treatment Program	\$ 167,256	\$ 11,710	\$ 5,855
Montgomery County Collaboration Council for Children - Wraparound services	\$ 205,000	\$ 14,350	\$ 7,175
Suburban Hospital - Level 1 Outpatient Services	\$ 131,672	\$ 9,220	\$ 4,610
African Immigrant and Refugee Foundation tutoring and mentoring	\$ 21,650	\$ 1,520	\$ 760
Asian American LEAD - after school programs	\$ 125,000	\$ 8,750	\$ 4,375
Community Bridges - Jump Start Girls	\$ 170,016	\$ 11,900	\$ 5,950
Court Appointed Special Advocate - court advocacy for children in the child welfare system	\$ 109,428	\$ 7,580	\$ 3,790
Family Learning Solutions - academic support	\$ 54,668	\$ 3,830	\$ 1,915
Latin American Youth Center - prevention, early intervention and diversion	\$ 60,000	\$ 4,200	\$ 2,100
Latin American Youth Center - prevention, early intervention and diversion	\$ 140,000	\$ 9,800	\$ 4,900
Maryland Vietnamese Mutual Association education program	\$ 70,000	\$ 4,900	\$ 2,450
Washington Youth Foundation after school program	\$ 47,286	\$ 3,310	\$ 1,655
Washington Youth Foundation mentoring program	\$ 70,000	\$ 4,900	\$ 2,450
YMCA Project HOME	\$ 57,423	\$ 4,020	\$ 2,010
TOTAL	\$ 2,577,864	\$ 180,340	\$ 90,170

Public Health Services			
<i>Does not include Montgomery Cares/Maternity Partnership/care for Kids/Dental that are policy-funding decisions</i>	FY10 General Fund Contract	7% Reduction (CE)	3.5% Reduction
Dental Services	\$ 124,730	\$ 8,740	\$ 4,370
Mary's Center - reproductive health services	\$ 11,000	\$ 770	\$ 385
Planned Parenthood - reproductive health services	\$ 62,000	\$ 4,340	\$ 2,170
Posz Inc - Pharmacy services for HIV/AIDS patients	\$ 25,000	\$ 1,750	\$ 875
School based health center contract nurses and physicians	\$ 330,022	\$ 20,000	\$ 10,000
Dental Services for Early Head Start	\$ 14,592	\$ 1,020	\$ 510
Mobile Med - contractual nurses for Head Start	\$ 48,000	\$ 3,360	\$ 1,680
Teen Connection - reproductive health services	\$ 110,800	\$ 7,760	\$ 3,880
TOTAL	\$ 726,144	\$ 47,740	\$ 23,870

Special Needs Housing			
	FY10 General Fund Contract	7% Reduction (CE)	3.5% Reduction
Shelter Services			
Bethesda Cares - case manager for homeless outreach program	\$ 57,412	\$ 4,020	\$ 2,010
Bethesda Cares - meals for lunch program for the homeless	\$ 35,560	\$ 2,510	\$ 1,255
Catholic Charities - Bethesda Mens Shelter for 15 chronically homeless men	\$ 73,311	\$ 5,130	\$ 2,565
Catholic Charities - Dorothy Day Shelter for 20 homeless women with mental health, substance abuse, and co-occurring disorders	\$ 397,812	\$ 27,850	\$ 13,925
City of Gaithersburg - Wells Robertson transitional shelter for 12 people in substance abuse recovery	\$ 9,614	\$ 670	\$ 335
Community Ministries - Chase Shelter for Men (transitional shelter for 36 men in recovery	\$ 250,329	\$ 17,520	\$ 8,760
Interfaith Works - Severe Weather Refuge (daytime hours)	\$ 73,311	\$ 5,130	\$ 2,565
Interfaith Works - Sophia House and Wilkens community based shelters for 30 homeless women	\$ 488,457	\$ 34,190	\$ 17,095
MC Coalition for the Homeless - Men's Emergency Shelter	\$ 794,722	\$ 51,040	\$ 25,520
Rockville Presbyterian Church - Rainbow Shelter - winter shelter for homeless women	\$ 14,768	\$ 1,030	\$ 515
Shepherds Table - meal program for homeless and low income people	\$ 125,167	\$ 8,760	\$ 4,380
Permanent Supportive Housing Services			
Dwelling Place (leasing costs only) transitional program for families	\$ 12,762	\$ 890	\$ 445
Housing Opportunities Commission - McKinney funding for permanent housing for 47 disabled families and 33 individuals	\$ 268,860	\$ 18,820	\$ 9,410
Housing Opportunities Commission - McKinney funding for permanent housing for 12 individuals	\$ 30,862	\$ 2,160	\$ 1,080
Housing Opportunities Commission - McKinney funding for permanent housing for 25 families and 35 individuals	\$ 19,781	\$ 1,380	\$ 690
Interfaith Works - Welcome Homes program for elderly homeless women	\$ 237,500	\$ 16,220	\$ 8,110
Interfaith Works - Welcome Homes program for mentally ill women	\$ 177,744	\$ 12,440	\$ 6,220
Mental Health Association - Shelter Plus Care Program case management	\$ 92,190	\$ 6,450	\$ 3,225

Permanent Supportive Housing Services continued	FY10 General Fund Contract	7% Reduction (CE)	3.5% Reduction
MC Coalition for the Homeless - Seneca Heights houses 40 individuals and 17 families	\$ 553,956	\$ 38,780	\$ 19,390
MC Coalition for the Homeless - Home First - permanent housing for 34 chronically homeless individuals	\$ 101,493	\$ 7,060	\$ 3,530
MC Coalition for the Homeless - Safe Havens Program - houses 15 men and 23 women	\$ 229,798	\$ 16,090	\$ 8,045
MC Coalition for the Homeless - Hope Housing permanent housing for 40 participants (leverage HUD funds)	\$ 91,558	\$ 6,410	\$ 3,205
National Center for Children and Families - case manager for HUD funded rapid rehousing	\$ 78,617	\$ 5,500	\$ 2,750
Housing Stabilization Services Purpose and Vendor(s):	FY10 General Fund Contract	7% Reduction (CE)	3.5% Reduction
Interfaith Works - emergency assistance grants to small non-profit agencies and congregations	\$ 56,547	\$ 3,960	\$ 1,980
Mid-County United Ministries - emergency assistance grants	\$ 18,108	\$ 1,270	\$ 635
TOTAL	\$ 4,290,239	\$ 295,280	\$ 147,640